

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046711

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 209

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

2460
20460

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN West Plains, Mo.

Length of stay in 1b
61 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rover Route

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Howell

c. CITY OR TOWN West Plains, Mo.

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rover Route

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Edward Middle Hudson Last Washington

4. DATE OF DEATH
Month December Day 18 Year 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-26-1901

9. AGE (last birthday)

61 years

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cattle farmer & breeder

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
West Plains, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

George D. Washington

13b. MOTHER'S MAIDEN NAME

Catherine Mullins

14. NAME OF HUSBAND OR WIFE

Ellen J. Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address
Mrs. E. H. Washington, West Plains

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction.
(Recurrent)

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 10 a.m. Month, Day, Year 18 Dec 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 18 Dec 1962 to 18 Dec 62 and last saw him alive on 18 Dec 1962
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. M. S. West Plains, Missouri

22b. ADDRESS

22c. DATE SIGNED

12/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

burial 12-21-62

23c. NAME OF CEMETERY OR CREMATORY

Elk Creek Cemetery

23d. LOCATION (City, town, or county)

West Plains, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Robertson's, West Plains, Mo.

25. DATE RECD. BY LOCAL REG.

12-22-62

26. REGISTRAR'S SIGNATURE

Beatrice Cook

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 4 1963

Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. A. Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.